

Senate Amendment 3296

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1 1 Amend Senate File 389, as amended, passed, and
1 2 reprinted by the Senate, as follows:
1 3 #1. By striking everything after the enacting
1 4 clause and inserting the following:
1 5 <DIVISION I
1 6 LEGISLATIVE HEALTH CARE COVERAGE COMMISSION
1 7 Section 1. LEGISLATIVE HEALTH CARE COVERAGE
1 8 COMMISSION.
1 9 1. A legislative health care coverage commission
1 10 is created under the authority of the legislative
1 11 council.
1 12 a. The commission shall include the following
1 13 persons who are ex officio, nonvoting members of the
1 14 commission:
1 15 (1) The commissioner of insurance, or a designee.
1 16 (2) The director of human services, or a designee.
1 17 (3) The director of public health, or a designee.
1 18 (4) Four members of the general assembly, one
1 19 appointed by the speaker of the house of
1 20 representatives, one appointed by the minority leader
1 21 of the house of representatives, one appointed by the
1 22 majority leader of the senate, and one appointed by
1 23 the minority leader of the senate.
1 24 b. The commission shall include the following
1 25 persons who are voting members of the commission and
1 26 who are appointed by the legislative council:
1 27 (1) A person who represents the association of
1 28 business and industry.
1 29 (2) A person who represents the federation of Iowa
1 30 insurers.
1 31 (3) A person who represents the Iowa federation of
1 32 labor.
1 33 (4) One health care provider, designated by the
1 34 executive committee of the medical assistance advisory
1 35 council.
1 36 (5) A person who represents the Iowa association
1 37 of health underwriters.
1 38 (6) Three consumers.
1 39 (7) A person who represents an organization of
1 40 small businesses.
1 41 2. The legislative council may employ or contract
1 42 with a coordinator to assist the commission in
1 43 carrying out its duties. The coordinator shall gather
1 44 and coordinate information for the use of the
1 45 commission in its deliberations concerning health
1 46 reform initiatives and activities related to the
1 47 medical home system advisory council, the electronic
1 48 health information advisory council and executive
1 49 committee, the prevention and chronic care management
1 50 advisory council, the direct care worker task force,
2 1 the health and long-term care access technical
2 2 advisory committee, the clinicians advisory panel, the
2 3 long-term living initiatives of the department of
2 4 elder affairs, medical assistance and hawk-i program
2 5 expansions and initiatives, prevention and wellness
2 6 initiatives including but not limited to those
2 7 administered through the Iowa healthy communities
2 8 initiative pursuant to section 135.27 and through the
2 9 governor's council on physical fitness and nutrition,
2 10 health care transparency activities, and other health
2 11 care reform-related advisory bodies and activities
2 12 that provide direction and promote collaborative
2 13 efforts among health care providers involved in the
2 14 initiatives and activities. The legislative services
2 15 agency shall provide administrative support to the
2 16 commission.
2 17 3. The legislative council shall appoint one
2 18 voting member as chairperson and one as vice
2 19 chairperson. Legislative members of the commission
2 20 are eligible for per diem and reimbursement of actual
2 21 expenses as provided in section 2.10. The consumers
2 22 appointed to the commission are entitled to receive a
2 23 per diem as specified in section 7E.6 for each day
2 24 spent in performance of duties as a member, and shall

2 25 be reimbursed for all actual and necessary expenses
2 26 incurred in the performance of duties as a member of
2 27 the commission.

2 28 4. The commission shall develop an Iowa health
2 29 care reform strategic plan which includes but is not
2 30 limited to a review and analysis of, and
2 31 recommendations and prioritization of recommendations
2 32 for, the following:

2 33 a. Options for the coordination of a children's
2 34 health care network in the state that provides health
2 35 care coverage to all children without such coverage;
2 36 utilizes, modifies, and enhances existing public
2 37 programs; maximizes the ability of the state to obtain
2 38 federal funding and reimbursement for such programs;
2 39 and provides access to private, affordable health care
2 40 coverage for children who are not otherwise eligible
2 41 for health care coverage through public programs.

2 42 b. Options for children, adults, and families to
2 43 transition seamlessly among public and private health
2 44 care coverage options.

2 45 c. Options for subsidized and unsubsidized health
2 46 care coverage programs which offer public and private,
2 47 adequate and affordable health care coverage including
2 48 but not limited to options to purchase coverage with
2 49 varying levels of benefits including basic or
2 50 catastrophic benefits, an intermediate level of
3 1 benefits, and comprehensive benefits coverage. The
3 2 commission shall also consider options and make
3 3 recommendations for providing an array of benefits
3 4 that may include physical, mental, and dental health
3 5 care coverage. Affordable health care coverage
3 6 options for purchase by adults and families shall be
3 7 developed with the goal of including options for which
3 8 the contribution requirement for all cost-sharing
3 9 expenses is no more than six and one-half percent of
3 10 family income.

3 11 d. Options to offer a program to provide coverage
3 12 under a state health or medical group insurance plan
3 13 to nonstate public employees, including employees of
3 14 counties, cities, schools, area education agencies,
3 15 and community colleges, and employees of nonprofit
3 16 employers and small employers and to pool such
3 17 employees with the state plan.

3 18 e. The ramifications of requiring each employer in
3 19 the state with more than ten employees to adopt and
3 20 maintain a cafeteria plan that satisfies section 125
3 21 of the Internal Revenue Code of 1986.

3 22 f. Options for development of a long-term strategy
3 23 to provide access to affordable health care coverage
3 24 to the uninsured in Iowa, particularly adults, and
3 25 development of a structure to implement that strategy
3 26 including consideration of whether to utilize an
3 27 existing government agency or a newly created entity.

3 28 5. As part of developing the strategic plan, the
3 29 commission shall collaborate with health insurance
3 30 experts to do including but not limited to the
3 31 following:

3 32 a. Design solutions to issues relating to
3 33 guaranteed issuance of insurance, preexisting
3 34 condition exclusions, portability, and allowable
3 35 pooling and rating classifications.

3 36 b. Formulate principles that ensure fair and
3 37 appropriate practices relating to issues involving
3 38 individual health care policies such as rescission and
3 39 preexisting condition clauses, and that provide for a
3 40 binding third-party review process to resolve disputes
3 41 related to such issues.

3 42 c. Design affordable, portable health care
3 43 coverage options for low-income children, adults, and
3 44 families.

3 45 d. Design a proposed premium schedule for health
3 46 care coverage options which includes the development
3 47 of rating factors that are consistent with market
3 48 conditions.

3 49 e. Design protocols to limit the transfer from
3 50 employer-sponsored or other private health care
4 1 coverage to state-developed health care coverage
4 2 plans.

4 3 6. The commission may request from any state
4 4 agency or official information and assistance as
4 5 needed to perform its duties pursuant to this section.

4 6 A state agency or official shall furnish the
4 7 information or assistance requested within the
4 8 authority and resources of the state agency or
4 9 official. This subsection does not allow the
4 10 examination or copying of any public record required
4 11 by law to be kept confidential.

4 12 7. The commission shall provide progress reports
4 13 to the legislative council every quarter summarizing
4 14 the commission's activities.

4 15 8. The commission shall provide a progress report
4 16 to the general assembly by January 1, 2010,
4 17 summarizing the commission's activities thus far, that
4 18 includes but is not limited to recommendations and
4 19 prioritization of recommendations for subsidized and
4 20 unsubsidized health care coverage programs which offer
4 21 public and private and adequate and affordable health
4 22 care coverage for adults. The commission shall
4 23 collaborate with health insurance experts to ensure
4 24 that health care coverage for adults that is
4 25 consistent with the commission's recommendations and
4 26 priorities is available for purchase by the public by
4 27 July 1, 2010.

4 28 9. The commission shall provide a report to the
4 29 general assembly by January 1, 2011, summarizing the
4 30 commission's activities since the last report.

4 31 10. The commission shall conclude its
4 32 deliberations by July 1, 2011, and shall submit a
4 33 final report to the general assembly by October 1,
4 34 2011, summarizing the commission's activities
4 35 particularly pertaining to the availability of health
4 36 care coverage programs for adults, analyzing issues
4 37 studied, and setting forth options, recommendations,
4 38 and priorities for an Iowa health care reform
4 39 strategic plan that will ensure that all Iowans have
4 40 access to health care coverage which meets minimum
4 41 standards of quality and affordability. The
4 42 commission may include any other information the
4 43 commission deems relevant and necessary.

4 44 11. This section is repealed on December 31, 2011.

4 45 COORDINATING AMENDMENTS

4 46 Sec. 2. Section 514E.1, subsections 15 and 22,
4 47 Code 2009, are amended by striking the subsections.

4 48 Sec. 3. Section 514E.2, subsection 3, unnumbered
4 49 paragraph 1, Code 2009, is amended to read as follows:

4 50 The association shall submit to the commissioner a
5 1 plan of operation for the association and any
5 2 amendments necessary or suitable to assure the fair,
5 3 reasonable, and equitable administration of the
5 4 association. ~~The plan of operation shall include~~
~~5 5 provisions for the development of a comprehensive~~
~~5 6 health care coverage plan as provided in section~~
~~5 7 514E.5. In developing the comprehensive plan the~~
~~5 8 association shall give deference to the~~
~~5 9 recommendations made by the advisory council as~~
~~5 10 provided in section 514E.6, subsection 1. The~~
~~5 11 association shall approve or disapprove but shall not~~
~~5 12 modify recommendations made by the advisory council.~~
~~5 13 Recommendations that are approved shall be included in~~
~~5 14 the plan of operation submitted to the commissioner.~~
~~5 15 Recommendations that are disapproved shall be~~
~~5 16 submitted to the commissioner with reasons for the~~
~~5 17 disapproval.~~ The plan of operation becomes effective
5 18 upon approval in writing by the commissioner prior to
5 19 the date on which the coverage under this chapter must
5 20 be made available. After notice and hearing, the
5 21 commissioner shall approve the plan of operation if
5 22 the plan is determined to be suitable to assure the
5 23 fair, reasonable, and equitable administration of the
5 24 association, and provides for the sharing of
5 25 association losses, if any, on an equitable and
5 26 proportionate basis among the member carriers. If the
5 27 association fails to submit a suitable plan of
5 28 operation within one hundred eighty days after the
5 29 appointment of the board of directors, or if at any
5 30 later time the association fails to submit suitable
5 31 amendments to the plan, the commissioner shall adopt,
5 32 pursuant to chapter 17A, rules necessary to implement
5 33 this section. The rules shall continue in force until
5 34 modified by the commissioner or superseded by a plan
5 35 submitted by the association and approved by the
5 36 commissioner. In addition to other requirements, the

5 37 plan of operation shall provide for all of the
5 38 following:
5 39 Sec. 4. Sections 514E.5 and 514E.6, Code 2009, are
5 40 repealed.

5 41 Sec. 5. EFFECTIVE DATE. This division of this
5 42 Act, being deemed of immediate importance, takes
5 43 effect upon enactment.

5 44 DIVISION II
5 45 HEALTH CARE COVERAGE OF ADULT CHILDREN

5 46 Sec. 6. Section 422.7, Code 2009, is amended by
5 47 adding the following new subsection:

5 48 NEW SUBSECTION. 29A. If the health benefits
5 49 coverage or insurance of the taxpayer includes
5 50 coverage of a nonqualified tax dependent as determined
6 1 by the federal internal revenue service, subtract, to
6 2 the extent included, the amount of the value of such
6 3 coverage attributable to the nonqualified tax
6 4 dependent.

6 5 Sec. 7. Section 509.3, subsection 8, Code 2009, is
6 6 amended to read as follows:

6 7 8. A provision that the insurer will permit
6 8 continuation of existing coverage or reenrollment in
6 9 previously existing coverage for an individual who
6 10 meets the requirements of section 513B.2, subsection
6 11 14, paragraph "a", "b", "c", "d", or "e", and who is
6 12 an unmarried child of an insured or enrollee who so
6 13 elects, at least through the policy anniversary date
6 14 on or after the date the child marries, ceases to be a
6 15 resident of this state, or attains the age of
6 16 twenty-five years old, whichever occurs first, or so
6 17 long as the unmarried child maintains full-time status
6 18 as a student in an accredited institution of
6 19 postsecondary education.

6 20 In addition to the provisions required in
6 21 subsections 1 through 7 & 8, the commissioner shall
6 22 require provisions through the adoption of rules
6 23 implementing the federal Health Insurance Portability
6 24 and Accountability Act, Pub. L. No. 104-191.

6 25 Sec. 8. Section 509A.13B, Code 2009, is amended to
6 26 read as follows:

6 27 509A.13B ~~CONTINUATION OF DEPENDENT COVERAGE OF~~
6 28 ~~CHILDREN == CONTINUATION OR REENROLLMENT.~~

6 29 If a governing body, a county board of supervisors,
6 30 or a city council has procured accident or health care
6 31 coverage for its employees under this chapter such
6 32 coverage shall permit continuation of existing
6 33 coverage or reenrollment in previously existing
6 34 coverage for an individual who meets the requirements
6 35 of section 513B.2, subsection 14, paragraph "a", "b",

6 36 "c", "d", or "e", and who is an unmarried child of an
6 37 insured or enrollee who so elects, at least through
6 38 the policy anniversary date on or after the date the
6 39 child marries, ceases to be a resident of this state,
6 40 or attains the age of twenty-five years old, whichever
6 41 occurs first, or so long as the unmarried child
6 42 maintains full-time status as a student in an
6 43 accredited institution of postsecondary education.

6 44 Sec. 9. Section 514A.3B, subsection 2, Code 2009,
6 45 is amended to read as follows:

6 46 2. An insurer issuing an individual policy or
6 47 contract of accident and health insurance which
6 48 provides coverage for children of the insured shall
6 49 permit continuation of existing coverage or
6 50 reenrollment in previously existing coverage for an

7 1 individual who meets the requirements of section
7 2 513B.2, subsection 14, paragraph "a", "b", "c", "d",
7 3 or "e", and who is an unmarried child of an insured or
7 4 enrollee who so elects, at least through the policy
7 5 anniversary date on or after the date the child
7 6 marries, ceases to be a resident of this state, or
7 7 attains the age of twenty-five years old, whichever
7 8 occurs first, or so long as the unmarried child
7 9 maintains full-time status as a student in an
7 10 accredited institution of postsecondary education.

7 11 Sec. 10. NEW SECTION. 514B.9A COVERAGE OF
7 12 CHILDREN == CONTINUATION OR REENROLLMENT.

7 13 A health maintenance organization which provides
7 14 health care coverage pursuant to an individual or
7 15 group health maintenance organization contract
7 16 regulated under this chapter for children of an
7 17 enrollee shall permit continuation of existing

7 18 coverage or reenrollment in previously existing
7 19 coverage for an individual who meets the requirements
7 20 of section 513B.2, subsection 14, paragraph "a", "b",
7 21 "c", "d", or "e", and who is an unmarried child of an
7 22 enrollee who so elects, at least through the policy
7 23 anniversary date on or after the date the child
7 24 marries, ceases to be a resident of this state, or
7 25 attains the age of twenty-five years old, whichever
7 26 occurs first, or so long as the unmarried child
7 27 maintains full-time status as a student in an
7 28 accredited institution of postsecondary education.

7 29 Sec. 11. APPLICABILITY. The sections of this Act
7 30 amending section 509.3, subsection 8, 509A.13B, and
7 31 514A.3B, subsection 2, and enacting section 514B.9A,
7 32 apply to policies, contracts, or plans of accident and
7 33 health insurance delivered, issued for delivery,
7 34 continued, or renewed in this state on or after July
7 35 1, 2009.

7 36 Sec. 12. RETROACTIVE APPLICABILITY DATE. The
7 37 section of this Act enacting section 422.7, subsection
7 38 29A, applies retroactively to January 1, 2009, for tax
7 39 years beginning on or after that date.

7 40 DIVISION III

7 41 MEDICAL ASSISTANCE AND HAWK=I PROVISIONS

7 42 COVERAGE FOR ALL INCOME-ELIGIBLE CHILDREN

7 43 Sec. 13. NEW SECTION. 249A.3A MEDICAL ASSISTANCE
7 44 == ALL INCOME-ELIGIBLE CHILDREN.

7 45 The department shall provide medical assistance to
7 46 individuals under nineteen years of age who meet the
7 47 income eligibility requirements for the state medical
7 48 assistance program and for whom federal financial
7 49 participation is or becomes available for the cost of
7 50 such assistance.

8 1 Sec. 14. NEW SECTION. 514I.8A HAWK=I == ALL
8 2 INCOME-ELIGIBLE CHILDREN.

8 3 The department shall provide coverage to
8 4 individuals under nineteen years of age who meet the
8 5 income eligibility requirements for the hawk=i program
8 6 and for whom federal financial participation is or
8 7 becomes available for the cost of such coverage.

8 8 REQUIRED APPLICATION FOR DEPENDENT CHILD HEALTH CARE 8 9 COVERAGE

8 10 Sec. 15. Section 422.12M, Code 2009, is amended to
8 11 read as follows:

8 12 422.12M INCOME TAX FORM == INDICATION OF DEPENDENT
8 13 CHILD HEALTH CARE COVERAGE.

8 14 1. The director shall draft the income tax form to
8 15 ~~allow~~ require beginning with the tax returns for tax
8 16 year ~~2008~~ 2010, a person who files an individual or
8 17 joint income tax return with the department under
8 18 section 422.13 to indicate the presence or absence of
8 19 health care coverage for each dependent child for whom
8 20 an exemption is claimed.

8 21 2. Beginning with the income tax return for tax
8 22 year ~~2008~~ 2010, a person who files an individual or
8 23 joint income tax return with the department under
8 24 section 422.13, ~~may~~ shall report on the income tax
8 25 return, in the form required, the presence or absence
8 26 of health care coverage for each dependent child for
8 27 whom an exemption is claimed.

8 28 a. If the taxpayer indicates on the income tax
8 29 return that a dependent child does not have health
8 30 care coverage, and the income of the taxpayer's tax
8 31 return does not exceed the highest level of income
8 32 eligibility standard for the medical assistance
8 33 program pursuant to chapter 249A or the hawk=i program
8 34 pursuant to chapter 514I, the department shall send a
8 35 notice to the taxpayer indicating that the dependent
8 36 child may be eligible for the medical assistance
8 37 program or the hawk=i program and providing
8 38 information to the taxpayer about how to enroll the
8 39 dependent child in the programs appropriate program.
8 40 The taxpayer shall submit an application for the
8 41 appropriate program within ninety days of receipt of
8 42 the enrollment information.

8 43 ~~b. Notwithstanding any other provision of law to~~
8 44 ~~the contrary, a taxpayer shall not be subject to a~~
8 45 ~~penalty for not providing the information required~~
8 46 ~~under this section.~~

8 47 ~~c.~~ b. The department shall consult with the
8 48 department of human services in developing the tax

8 49 return form and the information to be provided to tax
8 50 filers under this section.

9 1 3. The department, in cooperation with the
9 2 department of human services, shall adopt rules
9 3 pursuant to chapter 17A to administer this section,
9 4 including rules defining "health care coverage" for
9 5 the purpose of indicating its presence or absence on
9 6 the tax form.

9 7 4. The department, in cooperation with the
9 8 department of human services, shall report, annually,
9 9 to the governor and the general assembly all of the
9 10 following:

9 11 a. The number of Iowa families, by income level,
9 12 claiming the state income tax exemption for dependent
9 13 children.

9 14 b. The number of Iowa families, by income level,
9 15 claiming the state income tax exemption for dependent
9 16 children ~~who also and whether they~~ indicate the
9 17 presence or absence of health care coverage for the
9 18 dependent children.

~~9 19 c. The effect of the reporting requirements and
9 20 provision of information requirements under this
9 21 section on the number and percentage of children in
9 22 the state who are uninsured. The number of Iowa
9 23 families, by income level, claiming the state income
9 24 tax exemption for dependent children who receive
9 25 information from the department pursuant to subsection
9 26 2 and who subsequently apply for and are enrolled in
9 27 the appropriate program.~~

9 28 PREGNANT WOMEN INCOME ELIGIBILITY FOR MEDICAID

9 29 Sec. 16. Section 249A.3, subsection 1, paragraph
9 30 1, Code 2009, is amended to read as follows:

9 31 1. (1) Is an infant whose income is not more than
9 32 two hundred percent of the federal poverty level, as
9 33 defined by the most recently revised income guidelines
9 34 published by the United States department of health
9 35 and human services.

9 36 (2) Additionally, effective July 1, 2009, medical
9 37 assistance shall be provided to ~~an~~ a pregnant woman or
9 38 infant whose family income is at or below three
9 39 hundred percent of the federal poverty level, as
9 40 defined by the most recently revised poverty income
9 41 guidelines published by the United States department
9 42 of health and human services, if otherwise eligible.

9 43 Sec. 17. Section 514I.8, subsection 1, Code 2009,
9 44 is amended to read as follows:

9 45 1. Effective July 1, 1998, and notwithstanding any
9 46 medical assistance program eligibility criteria to the
9 47 contrary, medical assistance shall be provided to, or
9 48 on behalf of, an eligible child under the age of
9 49 nineteen whose family income does not exceed one
9 50 hundred thirty-three percent of the federal poverty
10 1 level, as defined by the most recently revised poverty
10 2 income guidelines published by the United States
10 3 department of health and human services.

10 4 Additionally, effective July 1, 2000, and
10 5 notwithstanding any medical assistance program
10 6 eligibility criteria to the contrary, medical
10 7 assistance shall be provided to, or on behalf of, an
10 8 eligible infant whose family income does not exceed
10 9 two hundred percent of the federal poverty level, as
10 10 defined by the most recently revised poverty income
10 11 guidelines published by the United States department
10 12 of health and human services. Effective July 1, 2009,
10 13 and notwithstanding any medical assistance program
10 14 eligibility criteria to the contrary, medical
10 15 assistance shall be provided to, or on behalf of, a
~~10 16 pregnant woman or an eligible child who is an infant~~
10 17 and whose family income is at or below three hundred
10 18 percent of the federal poverty level, as defined by
10 19 the most recently revised poverty income guidelines
10 20 published by the United States department of health
10 21 and human services.

10 22 IMPROVING ACCESS AND RETENTION

10 23 Sec. 18. Section 249A.4, Code 2009, is amended by
10 24 adding the following new subsection:

10 25 NEW SUBSECTION. 16. Implement the premium
10 26 assistance program options described under the federal
10 27 Children's Health Insurance Program Reauthorization
10 28 Act of 2009, Pub. L. No. 111-3, for the medical
10 29 assistance program. The department may adopt rules as

10 30 necessary to administer these options.
10 31 Sec. 19. NEW SECTION. 509.3A CREDITABLE
10 32 COVERAGE.
10 33 For the purposes of any policies of group accident
10 34 or health insurance or combination of such policies
10 35 issued in this state, "creditable coverage" means
10 36 health benefits or coverage provided to an individual
10 37 under any of the following:
10 38 1. A group health plan.
10 39 2. Health insurance coverage.
10 40 3. Part A or Part B Medicare pursuant to Title
10 41 XVIII of the federal Social Security Act.
10 42 4. Medicaid pursuant to Title XIX of the federal
10 43 Social Security Act, other than coverage consisting
10 44 solely of benefits under section 1928 of that Act.
10 45 5. 10 U.S.C. ch. 55.
10 46 6. A health or medical care program provided
10 47 through the Indian health service or a tribal
10 48 organization.
10 49 7. A state health benefits risk pool.
10 50 8. A health plan offered under 5 U.S.C. ch. 89.
11 1 9. A public health plan as defined under federal
11 2 regulations.
11 3 10. A health benefit plan under section 5(e) of
11 4 the federal Peace Corps Act, 22 U.S.C. } 2504(e).
11 5 11. An organized delivery system licensed by the
11 6 director of public health.
11 7 12. A short-term limited duration policy.
11 8 13. The hawk=i program authorized by chapter 514I.
11 9 Sec. 20. Section 513B.2, subsection 8, Code 2009,
11 10 is amended by adding the following new paragraph:
11 11 NEW PARAGRAPH. m. The hawk=i program authorized
11 12 by chapter 514I.
11 13 Sec. 21. Section 514A.3B, subsection 1, Code 2009,
11 14 is amended to read as follows:
11 15 1. An insurer which accepts an individual for
11 16 coverage under an individual policy or contract of
11 17 accident and health insurance shall waive any time
11 18 period applicable to a preexisting condition exclusion
11 19 or limitation period requirement of the policy or
11 20 contract with respect to particular services in an
11 21 individual health benefit plan for the period of time
11 22 the individual was previously covered by qualifying
11 23 previous coverage as defined in section 513C.3, by
11 24 chapter 249A or 514I, or by Medicare coverage provided
11 25 pursuant to Title XVIII of the federal Social Security
11 26 Act that provided benefits with respect to such
11 27 services, provided that the qualifying previous
11 28 coverage was continuous to a date not more than
11 29 sixty-three days prior to the effective date of the
11 30 new policy or contract. Any days of coverage provided
11 31 to an individual pursuant to chapter 249A or 514I, or
11 32 Medicare coverage provided pursuant to Title XVIII of
11 33 the federal Social Security Act, do not constitute
11 34 qualifying previous coverage. Such days of chapter
11 35 249A or 514I or Medicare coverage shall be counted as
11 36 part of the maximum sixty-three-day grace period and
11 37 shall not constitute a basis for the waiver of any
11 38 preexisting condition exclusion or limitation period.
11 39 Sec. 22. Section 514A.3B, Code 2009, is amended by
11 40 adding the following new subsection:
11 41 NEW SUBSECTION. 3. For the purposes of any
11 42 policies of accident and sickness insurance issued in
11 43 this state, "creditable coverage" means health
11 44 benefits or coverage provided to an individual under
11 45 any of the following:
11 46 a. A group health plan.
11 47 b. Health insurance coverage.
11 48 c. Part A or Part B Medicare pursuant to Title
11 49 XVIII of the federal Social Security Act.
11 50 d. Medicaid pursuant to Title XIX of the federal
12 1 Social Security Act, other than coverage consisting
12 2 solely of benefits under section 1928 of that Act.
12 3 e. 10 U.S.C. ch. 55.
12 4 f. A health or medical care program provided
12 5 through the Indian health service or a tribal
12 6 organization.
12 7 g. A state health benefits risk pool.
12 8 h. A health plan offered under 5 U.S.C. ch. 89.
12 9 i. A public health plan as defined under federal
12 10 regulations.

12 11 j. A health benefit plan under section 5(e) of the
12 12 federal Peace Corps Act, 22 U.S.C. } 2504(e).
12 13 k. An organized delivery system licensed by the
12 14 director of public health.
12 15 l. A short-term limited duration policy.
12 16 m. The hawk=i program authorized by chapter 514I.
12 17 Sec. 23. Section 514I.1, subsection 4, Code 2009,
12 18 is amended to read as follows:
12 19 4. It is the intent of the general assembly that
12 20 the hawk=i program be an integral part of the
12 21 continuum of health insurance coverage and that the
12 22 program be developed and implemented in such a manner
12 23 as to facilitate movement of families between health
12 24 insurance providers and to facilitate the transition
12 25 of families to private sector health insurance
12 26 coverage. ~~It is the intent of the general assembly in~~
~~12 27 developing such continuum of health insurance coverage~~
~~12 28 and in facilitating such transition, that beginning~~
~~12 29 July 1, 2009, the department implement the hawk-i~~
~~12 30 expansion program.~~
12 31 Sec. 24. Section 514I.2, subsection 8, Code 2009,
12 32 is amended by striking the subsection.
12 33 Sec. 25. Section 514I.3, Code 2009, is amended by
12 34 adding the following new subsection:
12 35 NEW SUBSECTION. 6. Health care coverage provided
12 36 under this chapter in accordance with Title XXI of the
12 37 federal Social Security Act shall be recognized as
12 38 prior creditable coverage for the purposes of private
12 39 individual and group health insurance coverage.
12 40 Sec. 26. Section 514I.4, subsection 2, Code 2009,
12 41 is amended to read as follows:
12 42 2. a. The director, with the approval of the
12 43 board, may contract with participating insurers to
12 44 provide dental-only services.
12 45 b. The director, with the approval of the board,
12 46 may contract with participating insurers to provide
12 47 the supplemental dental-only coverage to otherwise
12 48 eligible children who have private health care
12 49 coverage as specified in the federal Children's Health
12 50 Insurance Program Reauthorization Act of 2009, Pub. L.
13 1 No. 111-3.
13 2 Sec. 27. Section 514I.4, subsection 5, paragraphs
13 3 a and b, Code 2009, are amended to read as follows:
13 4 a. Develop a joint program application form not to
13 5 exceed two pages in length, which is consistent with
13 6 the rules of the board, which is easy to understand,
13 7 complete, and concise, and which, to the greatest
13 8 extent possible, coordinates with the supplemental
13 9 forms, and the same application and renewal
13 10 verification process for both the hawk=i and medical
13 11 assistance program programs.
13 12 b. (1) Establish the family cost sharing amounts
13 13 for children of families with incomes of one hundred
13 14 fifty percent or more but not exceeding two hundred
13 15 percent of the federal poverty level, of not less than
13 16 ten dollars per individual and twenty dollars per
13 17 family, if not otherwise prohibited by federal law,
13 18 with the approval of the board.
13 19 (2) Establish for children of families with
13 20 incomes exceeding two hundred percent but not
13 21 exceeding three hundred percent of the federal poverty
13 22 level, family cost-sharing amounts, and graduated
13 23 premiums based on a rationally developed sliding fee
13 24 schedule, in accordance with federal law, with the
13 25 approval of the board.
13 26 Sec. 28. Section 514I.5, subsection 7, paragraph
13 27 1, Code 2009, is amended to read as follows:
13 28 1. Develop options and recommendations to allow
13 29 children eligible for the hawk=i or hawk-i expansion
13 30 program to participate in qualified employer-sponsored
13 31 health plans through a premium assistance program.
13 32 The options and recommendations shall ensure
13 33 reasonable alignment between the benefits and costs of
13 34 the hawk=i and hawk-i expansion programs program and
13 35 the employer-sponsored health plans consistent with
13 36 federal law. The options and recommendations shall be
13 37 completed by January 1, 2009, and submitted to the
13 38 governor and the general assembly for consideration as
13 39 part of the hawk-i and hawk-i expansion programs. In
13 40 addition, the board shall implement the premium
13 41 assistance program options described under the federal

13 42 Children's Health Insurance Program Reauthorization
13 43 Act of 2009, Pub. L. No. 111=3, for the hawk=i
13 44 program.

13 45 Sec. 29. Section 514I.5, subsection 8, paragraph
13 46 e, Code 2009, is amended by adding the following new
13 47 subparagraph:

13 48 NEW SUBPARAGRAPH. (15) Translation and
13 49 interpreter services as specified pursuant to the
13 50 federal Children's Health Insurance Program

14 1 Reauthorization Act of 2009, Pub. L. No. 111=3.

14 2 Sec. 30. Section 514I.5, subsection 8, paragraph
14 3 g, Code 2009, is amended to read as follows:

14 4 g. Presumptive eligibility criteria for the
14 5 program. Beginning January 1, 2010, presumptive
14 6 eligibility shall be provided for eligible children.

14 7 Sec. 31. Section 514I.5, subsection 9, Code 2009,
14 8 is amended to read as follows:

14 9 9. a. The hawk=i board may provide approval to
14 10 the director to contract with participating insurers
14 11 to provide dental-only services. In determining
14 12 whether to provide such approval to the director, the
14 13 board shall take into consideration the impact on the
14 14 overall program of single source contracting for
14 15 dental services.

14 16 b. The hawk=i board may provide approval to the
14 17 director to contract with participating insurers to
14 18 provide the supplemental dental-only coverage to
14 19 otherwise eligible children who have private health
14 20 care coverage as specified in the federal Children's
14 21 Health Insurance Program Reauthorization Act of 2009,
14 22 Pub. L. No. 111=3.

14 23 Sec. 32. Section 514I.6, subsections 2 and 3, Code
14 24 2009, are amended to read as follows:

14 25 2. Provide or reimburse accessible, quality
14 26 medical or dental services.

14 27 3. Require that any plan provided by the
14 28 participating insurer establishes and maintains a
14 29 conflict management system that includes methods for
14 30 both preventing and resolving disputes involving the
14 31 health or dental care needs of eligible children, and
14 32 a process for resolution of such disputes.

14 33 Sec. 33. Section 514I.6, subsection 4, paragraph
14 34 a, Code 2009, is amended to read as follows:

14 35 a. A list of providers of medical or dental
14 36 services under the plan.

14 37 Sec. 34. Section 514I.7, subsection 2, paragraph
14 38 d, Code 2009, is amended to read as follows:

14 39 d. Monitor and assess the medical and dental care
14 40 provided through or by participating insurers as well
14 41 as complaints and grievances.

14 42 Sec. 35. Section 514I.8, subsection 2, paragraph
14 43 c, Code 2009, is amended to read as follows:

14 44 c. Is a member of a family whose income does not
14 45 exceed ~~two~~ three hundred percent of the federal
14 46 poverty level, as defined in 42 U.S.C. } 9902(2),
14 47 including any revision required by such section, and
14 48 in accordance with the federal Children's Health

14 49 Insurance Program Reauthorization Act of 2009, Pub. L.
14 50 No. 111=3.

15 1 Sec. 36. Section 514I.10, Code 2009, is amended by
15 2 adding the following new subsection:

15 3 NEW SUBSECTION. 2A. Cost sharing for an eligible
15 4 child whose family income exceeds two hundred percent
15 5 but does not exceed three hundred percent of the
15 6 federal poverty level may include copayments and
15 7 graduated premium amounts which do not exceed the
15 8 limitations of federal law.

15 9 Sec. 37. Section 514I.11, subsections 1 and 3,
15 10 Code 2009, are amended to read as follows:

15 11 1. A hawk=i trust fund is created in the state
15 12 treasury under the authority of the department of
15 13 human services, in which all appropriations and other
15 14 revenues of the program ~~and the hawk=i expansion~~
15 15 ~~program~~ such as grants, contributions, and participant
15 16 payments shall be deposited and used for the purposes
15 17 of the program ~~and the hawk=i expansion program~~. The
15 18 moneys in the fund shall not be considered revenue of
15 19 the state, but rather shall be funds of the program.

15 20 3. Moneys in the fund are appropriated to the
15 21 department and shall be used to offset any program ~~and~~
15 22 ~~hawk=i expansion program~~ costs.

15 23 Sec. 38. MEDICAL ASSISTANCE PROGRAM ==
15 24 PROGRAMMATIC AND PROCEDURAL PROVISIONS. The
15 25 department of human services shall adopt rules
15 26 pursuant to chapter 17A to provide for all of the
15 27 following:
15 28 1. To allow for the submission of one pay stub per
15 29 employer by an individual as verification of earned
15 30 income for the medical assistance program when it is
15 31 indicative of future income.
15 32 2. To allow for an averaging of three years of
15 33 income for self-employed families to establish
15 34 eligibility for the medical assistance program.
15 35 3. To extend the period for annual renewal by
15 36 medical assistance members by mailing the renewal form
15 37 to the member on the first day of the month prior to
15 38 the month of renewal.
15 39 4. To provide for all of the following in
15 40 accordance with the requirements for qualification for
15 41 the performance bonus payments described under the
15 42 federal Children's Health Insurance Program
15 43 Reauthorization Act of 2009, Pub. L. No. 111-3:
15 44 a. Utilization of joint applications and
15 45 supplemental forms, and the same application and
15 46 renewal verification processes for the medical
15 47 assistance and hawk=i programs.
15 48 b. Implementation of administrative or paperless
15 49 verification at renewal for the medical assistance
15 50 program.
16 1 c. Utilization of presumptive eligibility when
16 2 determining a child's eligibility for the medical
16 3 assistance program.
16 4 d. Utilization of the express lane option,
16 5 including utilization of other public program
16 6 databases to reach and enroll children in the medical
16 7 assistance program.
16 8 5. To provide translation and interpretation
16 9 services under the medical assistance program as
16 10 specified pursuant to the federal Children's Health
16 11 Insurance Program Reauthorization Act of 2009, Pub. L.
16 12 No. 111-3.
16 13 Sec. 39. HAWK=I PROGRAM == PROGRAMMATIC AND
16 14 PROCEDURAL PROVISIONS. The hawk=i board, in
16 15 consultation with the department of human services,
16 16 shall adopt rules pursuant to chapter 17A to provide
16 17 for all of the following:
16 18 1. To allow for the submission of one pay stub per
16 19 employer by an individual as verification of earned
16 20 income for the hawk=i program when it is indicative of
16 21 future income.
16 22 2. To allow for an averaging of three years of
16 23 income for self-employed families to establish
16 24 eligibility for the hawk=i program.
16 25 3. To provide for all of the following in
16 26 accordance with the requirements for qualification for
16 27 the performance bonus payments described under the
16 28 federal Children's Health Insurance Program
16 29 Reauthorization Act of 2009, Pub. L. No. 111-3:
16 30 a. Utilization of joint applications and
16 31 supplemental forms, and the same application and
16 32 renewal verification processes for the hawk=i and
16 33 medical assistance programs.
16 34 b. Implementation of administrative or paperless
16 35 verification at renewal for the hawk=i program.
16 36 c. Utilization of presumptive eligibility when
16 37 determining a child's eligibility for the hawk=i
16 38 program.
16 39 d. Utilization of the express lane option,
16 40 including utilization of other public program
16 41 databases to reach and enroll children in the hawk=i
16 42 program.
16 43 Sec. 40. DEMONSTRATION GRANTS == CHIPRA. The
16 44 department of human services in cooperation with the
16 45 department of public health and other appropriate
16 46 agencies, shall apply for grants available under the
16 47 Children's Health Insurance Program Reauthorization
16 48 Act of 2009, Pub. L. No. 111-3, to promote outreach
16 49 activities and quality child health outcomes under the
16 50 medical assistance and hawk=i programs.
17 1 Sec. 41. Section 514I.12, Code 2009, is repealed.
17 2 Sec. 42. EFFECTIVE DATE. The section of this
17 3 division of this Act amending section 422.12M, takes

17 4 effect July 1, 2010.

17 5 DIVISION IV

17 6 VOLUNTEER HEALTH CARE PROVIDERS

17 7 Sec. 43. Section 135.24, Code 2009, is amended to
17 8 read as follows:

17 9 135.24 VOLUNTEER HEALTH CARE PROVIDER PROGRAM
17 10 ESTABLISHED == IMMUNITY FROM CIVIL LIABILITY.

17 11 1. The director shall establish within the
17 12 department a program to provide to eligible hospitals,
17 13 clinics, free clinics, field dental clinics, specialty
17 14 health care provider offices, or other health care
17 15 facilities, health care referral programs, or
17 16 charitable organizations, free medical, dental,
17 17 chiropractic, pharmaceutical, nursing, optometric,
17 18 psychological, social work, behavioral science,
17 19 podiatric, physical therapy, occupational therapy,
17 20 respiratory therapy, and emergency medical care
17 21 services given on a voluntary basis by health care
17 22 providers. A participating health care provider shall
17 23 register with the department and obtain from the
17 24 department a list of eligible, participating
17 25 hospitals, clinics, free clinics, field dental
17 26 clinics, specialty health care provider offices, or
17 27 other health care facilities, health care referral
17 28 programs, or charitable organizations.

17 29 2. The department, in consultation with the
17 30 department of human services, shall adopt rules to
17 31 implement the volunteer health care provider program
17 32 which shall include the following:

17 33 a. Procedures for registration of health care
17 34 providers deemed qualified by the board of medicine,
17 35 the board of physician assistants, the dental board,
17 36 the board of nursing, the board of chiropractic, the
17 37 board of psychology, the board of social work, the
17 38 board of behavioral science, the board of pharmacy,
17 39 the board of optometry, the board of podiatry, the
17 40 board of physical and occupational therapy, the board
17 41 of respiratory care, and the Iowa department of public
17 42 health, as applicable.

17 43 b. Procedures for registration of free clinics,
17 44 ~~and~~ field dental clinics, and specialty health care
17 45 provider offices.

17 46 c. Criteria for and identification of hospitals,
17 47 clinics, free clinics, field dental clinics, specialty
17 48 health care provider offices, or other health care
17 49 facilities, health care referral programs, or
17 50 charitable organizations, eligible to participate in
18 1 the provision of free medical, dental, chiropractic,
18 2 pharmaceutical, nursing, optometric, psychological,
18 3 social work, behavioral science, podiatric, physical
18 4 therapy, occupational therapy, respiratory therapy, or
18 5 emergency medical care services through the volunteer
18 6 health care provider program. A free clinic, a field
18 7 dental clinic, a specialty health care provider
18 8 office, a health care facility, a health care referral
18 9 program, a charitable organization, or a health care
18 10 provider participating in the program shall not bill
18 11 or charge a patient for any health care provider
18 12 service provided under the volunteer health care
18 13 provider program.

18 14 d. Identification of the services to be provided
18 15 under the program. The services provided may include,
18 16 but shall not be limited to, obstetrical and
18 17 gynecological medical services, psychiatric services
18 18 provided by a physician licensed under chapter 148,
18 19 dental services provided under chapter 153, or other
18 20 services provided under chapter 147A, 148A, 148B,
18 21 148C, 149, 151, 152, 152B, 152E, 154, 154B, 154C,
18 22 154D, 154F, or 155A.

18 23 3. A health care provider providing free care
18 24 under this section shall be considered an employee of
18 25 the state under chapter 669, shall be afforded
18 26 protection as an employee of the state under section
18 27 669.21, and shall not be subject to payment of claims
18 28 arising out of the free care provided under this
18 29 section through the health care provider's own
18 30 professional liability insurance coverage, provided
18 31 that the health care provider has done all of the
18 32 following:

18 33 a. Registered with the department pursuant to
18 34 subsection 1.

18 35 b. Provided medical, dental, chiropractic,
18 36 pharmaceutical, nursing, optometric, psychological,
18 37 social work, behavioral science, podiatric, physical
18 38 therapy, occupational therapy, respiratory therapy, or
18 39 emergency medical care services through a hospital,
18 40 clinic, free clinic, field dental clinic, specialty
18 41 health care provider office, or other health care
18 42 facility, health care referral program, or charitable
18 43 organization listed as eligible and participating by
18 44 the department pursuant to subsection 1.

18 45 4. A free clinic providing free care under this
18 46 section shall be considered a state agency solely for
18 47 the purposes of this section and chapter 669 and shall
18 48 be afforded protection under chapter 669 as a state
18 49 agency for all claims arising from the provision of
18 50 free care by a health care provider registered under
19 1 subsection 3 who is providing services at the free
19 2 clinic in accordance with this section or from the
19 3 provision of free care by a health care provider who
19 4 is covered by adequate medical malpractice insurance
19 5 as determined by the department, if the free clinic
19 6 has registered with the department pursuant to
19 7 subsection 1.

19 8 5. A field dental clinic providing free care under
19 9 this section shall be considered a state agency solely
19 10 for the purposes of this section and chapter 669 and
19 11 shall be afforded protection under chapter 669 as a
19 12 state agency for all claims arising from the provision
19 13 of free care by a health care provider registered
19 14 under subsection 3 who is providing services at the
19 15 field dental clinic in accordance with this section or
19 16 from the provision of free care by a health care
19 17 provider who is covered by adequate medical
19 18 malpractice insurance, as determined by the
19 19 department, if the field dental clinic has registered
19 20 with the department pursuant to subsection 1.

19 21 5A. A specialty health care provider office
19 22 providing free care under this section shall be
19 23 considered a state agency solely for the purposes of
19 24 this section and chapter 669 and shall be afforded
19 25 protection under chapter 669 as a state agency for all
19 26 claims arising from the provision of free care by a
19 27 health care provider registered under subsection 3 who
19 28 is providing services at the specialty health care
19 29 provider office in accordance with this section or
19 30 from the provision of free care by a health care
19 31 provider who is covered by adequate medical
19 32 malpractice insurance, as determined by the
19 33 department, if the specialty health care provider
19 34 office has registered with the department pursuant to
19 35 subsection 1.

19 36 6. For the purposes of this section:

19 37 a. "Charitable organization" means a charitable
19 38 organization within the meaning of section 501(c)(3)
19 39 of the Internal Revenue Code.

19 40 b. "Field dental clinic" means a dental clinic
19 41 temporarily or periodically erected at a location
19 42 utilizing mobile dental equipment, instruments, or
19 43 supplies, as necessary, to provide dental services.

19 44 c. "Free clinic" means a facility, other than a
19 45 hospital or health care provider's office which is
19 46 exempt from taxation under section 501(c)(3) of the
19 47 Internal Revenue Code and which has as its sole
19 48 purpose the provision of health care services without
19 49 charge to individuals who are otherwise unable to pay
19 50 for the services.

20 1 d. "Health care provider" means a physician
20 2 licensed under chapter 148, a chiropractor licensed
20 3 under chapter 151, a physical therapist licensed
20 4 pursuant to chapter 148A, an occupational therapist
20 5 licensed pursuant to chapter 148B, a podiatrist
20 6 licensed pursuant to chapter 149, a physician
20 7 assistant licensed and practicing under a supervising
20 8 physician pursuant to chapter 148C, a licensed
20 9 practical nurse, a registered nurse, or an advanced
20 10 registered nurse practitioner licensed pursuant to
20 11 chapter 152 or 152E, a respiratory therapist licensed
20 12 pursuant to chapter 152B, a dentist, dental hygienist,
20 13 or dental assistant registered or licensed to practice
20 14 under chapter 153, an optometrist licensed pursuant to
20 15 chapter 154, a psychologist licensed pursuant to

20 16 chapter 154B, a social worker licensed pursuant to
20 17 chapter 154C, a mental health counselor or a marital
20 18 and family therapist licensed pursuant to chapter
20 19 154D, a pharmacist licensed pursuant to chapter 155A,
20 20 or an emergency medical care provider certified
20 21 pursuant to chapter 147A.

20 22 e. "Specialty health care provider office" means
20 23 the private office or clinic of an individual
20 24 specialty health care provider or group of specialty
20 25 health care providers as referred by the Iowa
20 26 collaborative safety net provider network established
20 27 in section 135.153, but does not include a field
20 28 dental clinic, a free clinic, or a hospital.

20 29 DIVISION V

20 30 HEALTH CARE WORKFORCE SUPPORT INITIATIVE

20 31 Sec. 44. NEW SECTION. 135.153A SAFETY NET
20 32 PROVIDER RECRUITMENT AND RETENTION INITIATIVES PROGRAM
20 33 REPEAL.

20 34 The department, in accordance with efforts pursuant
20 35 to sections 135.163 and 135.164 and in cooperation
20 36 with the Iowa collaborative safety net provider
20 37 network governing group as described in section
20 38 135.153, shall establish and administer a safety net
20 39 provider recruitment and retention initiatives program
20 40 to address the health care workforce shortage relative
20 41 to safety net providers. Funding for the program may
20 42 be provided through the health care workforce shortage
20 43 fund or the safety net provider network workforce
20 44 shortage account created in section 135.175. The
20 45 department, in cooperation with the governing group,
20 46 shall adopt rules pursuant to chapter 17A to implement
20 47 and administer such program. This section is repealed
20 48 June 30, 2014.

20 49 Sec. 45. NEW SECTION. 135.175 HEALTH CARE
20 50 WORKFORCE SUPPORT INITIATIVE == WORKFORCE SHORTAGE
21 1 FUND == ACCOUNTS == REPEAL.

21 2 1. a. A health care workforce support initiative
21 3 is established to provide for the coordination and
21 4 support of various efforts to address the health care
21 5 workforce shortage in this state. This initiative
21 6 shall include the medical residency training state
21 7 matching grants program created in section 135.176,
21 8 the health care professional and nursing workforce
21 9 shortage initiative created in sections 261.128 and
21 10 261.129, the safety net provider recruitment and
21 11 retention initiatives program credited in section
21 12 135.153A, health care workforce shortage national
21 13 initiatives, and the physician assistant mental health
21 14 fellowship program created in section 135.177.

21 15 b. A health care workforce shortage fund is
21 16 created in the state treasury as a separate fund under
21 17 the control of the department, in cooperation with the
21 18 entities identified in this section as having control
21 19 over the accounts within the fund. The fund and the
21 20 accounts within the fund shall be controlled and
21 21 managed in a manner consistent with the principles
21 22 specified and the strategic plan developed pursuant to
21 23 sections 135.163 and 135.164.

21 24 2. The fund and the accounts within the fund shall
21 25 consist of moneys appropriated from the general fund
21 26 of the state for the purposes of the fund or the
21 27 accounts within the fund; moneys received from the
21 28 federal government for the purposes of addressing the
21 29 health care workforce shortage; contributions, grants,
21 30 and other moneys from communities and health care
21 31 employers; and moneys from any other public or private
21 32 source available.

21 33 3. The department and any entity identified in
21 34 this section as having control over any of the
21 35 accounts within the fund, may receive contributions,
21 36 grants, and in-kind contributions to support the
21 37 purposes of the fund and the accounts within the fund.

21 38 4. The fund and the accounts within the fund shall
21 39 be separate from the general fund of the state and
21 40 shall not be considered part of the general fund of
21 41 the state. The moneys in the fund and the accounts
21 42 within the fund shall not be considered revenue of the
21 43 state, but rather shall be moneys of the fund or the
21 44 accounts. The moneys in the fund and the accounts
21 45 within the fund are not subject to section 8.33 and
21 46 shall not be transferred, used, obligated,

21 47 appropriated, or otherwise encumbered, except to
21 48 provide for the purposes of this section.
21 49 Notwithstanding section 12C.7, subsection 2, interest
21 50 or earnings on moneys deposited in the fund shall be
22 1 credited to the fund and the accounts within the fund.
22 2 5. The fund shall consist of the following
22 3 accounts:
22 4 a. The medical residency training account. The
22 5 medical residency training account shall be under the
22 6 control of the department and the moneys in the
22 7 account shall be used for the purposes of the medical
22 8 residency training state matching grants program as
22 9 specified in section 135.176. Moneys in the account
22 10 shall consist of moneys appropriated or allocated for
22 11 deposit in or received by the fund or the account and
22 12 specifically dedicated to the medical residency
22 13 training state matching grants program or account for
22 14 the purposes of such account.
22 15 b. The health care professional and nurse
22 16 workforce shortage initiative account. The health
22 17 care professional and nurse workforce shortage
22 18 initiative account shall be under the control of the
22 19 college student aid commission created in section
22 20 261.1 and the moneys in the account shall be used for
22 21 the purposes of the health care professional incentive
22 22 payment program and the nurse workforce shortage
22 23 initiative as specified in sections 261.128 and
22 24 261.129. Moneys in the account shall consist of
22 25 moneys appropriated or allocated for deposit in or
22 26 received by the fund or the account and specifically
22 27 dedicated to the health care professional and nurse
22 28 workforce shortage initiative or the account for the
22 29 purposes of the account.
22 30 c. The safety net provider network workforce
22 31 shortage account. The safety net provider network
22 32 workforce shortage account shall be under the control
22 33 of the governing group of the Iowa collaborative
22 34 safety net provider network created in section 135.153
22 35 and the moneys in the account shall be used for the
22 36 purposes of the safety net provider recruitment and
22 37 retention initiatives program as specified in section
22 38 135.153A. Moneys in the account shall consist of
22 39 moneys appropriated or allocated for deposit in or
22 40 received by the fund or the account and specifically
22 41 dedicated to the safety net provider recruitment and
22 42 retention initiatives program or the account for the
22 43 purposes of the account.
22 44 d. The health care workforce shortage national
22 45 initiatives account. The health care workforce
22 46 shortage national initiatives account shall be under
22 47 the control of the state entity identified for receipt
22 48 of the federal funds by the federal government entity
22 49 through which the federal funding is available for a
22 50 specified health care workforce shortage initiative.
23 1 Moneys in the account shall consist of moneys
23 2 appropriated or allocated for deposit in or received
23 3 by the fund or the account and specifically dedicated
23 4 to health care workforce shortage national initiatives
23 5 or the account and for a specified health care
23 6 workforce shortage initiative.
23 7 e. The physician assistant mental health
23 8 fellowship program account. The physician assistant
23 9 mental health fellowship program account shall be
23 10 under the control of the department and the moneys in
23 11 the account shall be used for the purposes of the
23 12 physician assistant mental health fellowship program
23 13 as specified in section 135.177. Moneys in the
23 14 account shall consist of moneys appropriated or
23 15 allocated for deposit in or received by the fund or
23 16 the account and specifically dedicated to the
23 17 physician assistant mental health fellowship program
23 18 or the account for the purposes of the account.
23 19 6. a. Moneys in the fund and the accounts in the
23 20 fund shall only be appropriated in a manner consistent
23 21 with the principles specified and the strategic plan
23 22 developed pursuant to sections 135.163 and 135.164 to
23 23 support the medical residency training state matching
23 24 grants program, the health care professional incentive
23 25 payment program, the nurse educator incentive payment
23 26 and nursing faculty fellowship programs, the safety
23 27 net recruitment and retention initiatives program, for

23 28 national health care workforce shortage initiatives,
23 29 for the physician assistant mental health fellowship
23 30 program, and to provide funding for state health care
23 31 workforce shortage programs as provided in this
23 32 section.

23 33 b. State programs that may receive funding from
23 34 the fund and the accounts in the fund, if specifically
23 35 designated for the purpose of drawing down federal
23 36 funding, are the primary care recruitment and
23 37 retention endeavor (PRIMECARRE), the Iowa affiliate of
23 38 the national rural recruitment and retention network,
23 39 the primary care office shortage designation program,
23 40 the state office of rural health, and the Iowa health
23 41 workforce center, administered through the bureau of
23 42 health care access of the department of public health;
23 43 the area health education centers programs at Des
23 44 Moines university == osteopathic medical center and
23 45 the university of Iowa; the Iowa collaborative safety
23 46 net provider network established pursuant to section
23 47 135.153; any entity identified by the federal
23 48 government entity through which federal funding for a
23 49 specified health care workforce shortage initiative is
23 50 received; and a program developed in accordance with
24 1 the strategic plan developed by the department of
24 2 public health in accordance with sections 135.163 and
24 3 135.164.

24 4 c. State appropriations to the fund shall be
24 5 allocated in equal amounts to each of the accounts
24 6 within the fund, unless otherwise specified in the
24 7 appropriation or allocation. Any federal funding
24 8 received for the purposes of addressing state health
24 9 care workforce shortages shall be deposited in the
24 10 health care workforce shortage national initiatives
24 11 account, unless otherwise specified by the source of
24 12 the funds, and shall be used as required by the source
24 13 of the funds. If use of the federal funding is not
24 14 designated, twenty-five percent of such funding shall
24 15 be deposited in the safety net provider network
24 16 workforce shortage account to be used for the purposes
24 17 of the account and the remainder of the funds shall be
24 18 used in accordance with the strategic plan developed
24 19 by the department of public health in accordance with
24 20 sections 135.163 and 135.164, or to address workforce
24 21 shortages as otherwise designated by the department of
24 22 public health. Other sources of funding shall be
24 23 deposited in the fund or account and used as specified
24 24 by the source of the funding.

24 25 7. No more than five percent of the moneys in any
24 26 of the accounts within the fund, not to exceed one
24 27 hundred thousand dollars in each account, shall be
24 28 used for administrative purposes, unless otherwise
24 29 provided by the appropriation, allocation, or source
24 30 of the funds.

24 31 8. The department, in cooperation with the
24 32 entities identified in this section as having control
24 33 over any of the accounts within the fund, shall submit
24 34 an annual report to the governor and the general
24 35 assembly regarding the status of the health care
24 36 workforce support initiative, including the balance
24 37 remaining in and appropriations from the health care
24 38 workforce shortage fund and the accounts within the
24 39 fund.

24 40 9. This section is repealed June 30, 2014.

24 41 Sec. 46. NEW SECTION. 135.176 MEDICAL RESIDENCY
24 42 TRAINING STATE MATCHING GRANTS PROGRAM == REPEAL.

24 43 1. The department shall establish a medical
24 44 residency training state matching grants program to
24 45 provide matching state funding to sponsors of
24 46 accredited graduate medical education residency
24 47 programs in this state to establish, expand, or
24 48 support medical residency training programs. Funding
24 49 for the program may be provided through the health
24 50 care workforce shortage fund or the medical residency
25 1 training account created in section 135.175. For the
25 2 purposes of this section, unless the context otherwise
25 3 requires, "accredited" means a graduate medical
25 4 education program approved by the accreditation
25 5 council for graduate medical education or the American
25 6 osteopathic association. The grant funds may be used
25 7 to support medical residency programs through any of
25 8 the following:

25 9 a. The establishment of new or alternative campus
25 10 accredited medical residency training programs. For
25 11 the purposes of this paragraph, "new or alternative
25 12 campus accredited medical residency training program"
25 13 means a program that is accredited by a recognized
25 14 entity approved for such purpose by the accreditation
25 15 council for graduate medical education or the American
25 16 osteopathic association with the exception that a new
25 17 medical residency training program that, by reason of
25 18 an insufficient period of operation is not eligible
25 19 for accreditation on or before the date of submission
25 20 of an application for a grant, may be deemed
25 21 accredited if the accreditation council for graduate
25 22 medical education or the American osteopathic
25 23 association finds, after consultation with the
25 24 appropriate accreditation entity, that there is
25 25 reasonable assurance that the program will meet the
25 26 accreditation standards of the entity prior to the
25 27 date of graduation of the initial class in the
25 28 program.

25 29 b. The provision of new residency positions within
25 30 existing accredited medical residency or fellowship
25 31 training programs.

25 32 c. The funding of residency positions which are in
25 33 excess of the federal residency cap. For the purposes
25 34 of this paragraph, "in excess of the federal residency
25 35 cap" means a residency position for which no federal
25 36 Medicare funding is available because the residency
25 37 position is a position beyond the cap for residency
25 38 positions established by the federal Balanced Budget
25 39 Act of 1997, Pub. L. No. 105=33.

25 40 2. The department shall adopt rules pursuant to
25 41 chapter 17A to provide for all of the following:

25 42 a. Eligibility requirements for and qualifications
25 43 of a sponsor of an accredited graduate medical
25 44 education residency program to receive a grant. The
25 45 requirements and qualifications shall include but are
25 46 not limited to all of the following:

25 47 (1) Only a sponsor that establishes a dedicated
25 48 fund to support a residency program that meets the
25 49 specifications of this section shall be eligible to
25 50 receive a matching grant. A sponsor funding residency
26 1 positions in excess of the federal residency cap, as
26 2 defined in subsection 1, paragraph "c", exclusive of
26 3 funds provided under the medical residency training
26 4 state matching grants program established in this
26 5 section, is deemed to have satisfied this requirement
26 6 and shall be eligible for a matching grant equal to
26 7 the amount of funds expended for such residency
26 8 positions, subject to the limitation on the maximum
26 9 award of grant funds specified in paragraph "e".

26 10 (2) A sponsor shall demonstrate through documented
26 11 financial information as prescribed by rule of the
26 12 department, that funds have been reserved and will be
26 13 expended by the sponsor in the amount required to
26 14 provide matching funds for each residency proposed in
26 15 the request for state matching funds.

26 16 (3) A sponsor shall demonstrate through objective
26 17 evidence as prescribed by rule of the department, a
26 18 need for such residency program in the state.

26 19 b. The application process for the grant.

26 20 c. Criteria for preference in awarding of the
26 21 grants, including preference in the residency
26 22 specialty.

26 23 d. Determination of the amount of a grant. The
26 24 total amount of a grant awarded to a sponsor shall be
26 25 limited to no more than twenty=five percent of the
26 26 amount that the sponsor has demonstrated through
26 27 documented financial information has been reserved and
26 28 will be expended by the sponsor for each residency
26 29 sponsored for the purpose of the residency program.

26 30 e. The maximum award of grant funds to a
26 31 particular individual sponsor per year. An individual
26 32 sponsor shall not receive more than twenty=five
26 33 percent of the state matching funds available each
26 34 year to support the program. However, if less than
26 35 ninety=five percent of the available funds has been
26 36 awarded in a given year, a sponsor may receive more
26 37 than twenty=five percent of the state matching funds
26 38 available if total funds awarded do not exceed
26 39 ninety=five percent of the available funds. If more

26 40 than one sponsor meets the requirements of this
26 41 section and has established, expanded, or supported a
26 42 graduate medical residency training program, as
26 43 specified in subsection 1, in excess of the sponsor's
26 44 twenty-five percent maximum share of state matching
26 45 funds, the state matching funds shall be divided
26 46 proportionately among such sponsors.

26 47 f. Use of the funds awarded. Funds may be used to
26 48 pay the costs of establishing, expanding, or
26 49 supporting an accredited graduate medical education
26 50 program as specified in this section, including but
27 1 not limited to the costs associated with residency
27 2 stipends and physician faculty stipends.

27 3 3. This section is repealed June 30, 2014.

27 4 Sec. 47. NEW SECTION. 135.177 PHYSICIAN
27 5 ASSISTANT MENTAL HEALTH FELLOWSHIP PROGRAM == REPEAL.

27 6 1. The department, in cooperation with the college
27 7 student aid commission, shall establish a physician
27 8 assistant mental health fellowship program in
27 9 accordance with this section. Funding for the program
27 10 may be provided through the health care workforce
27 11 shortage fund or the physician assistant mental health
27 12 fellowship program account created in section 135.175.
27 13 The purpose of the program is to determine the effect
27 14 of specialized training and support for physician
27 15 assistants in providing mental health services on
27 16 addressing Iowa's shortage of mental health
27 17 professionals.

27 18 2. The program shall provide for all of the
27 19 following:

27 20 a. Collaboration with a hospital serving a
27 21 thirteen-county area in central Iowa that provides a
27 22 clinic at the Iowa veterans home, a private nonprofit
27 23 agency headquartered in a city with a population of
27 24 more than one hundred ninety thousand that operates a
27 25 freestanding psychiatric medical institution for
27 26 children, a private university with a medical school
27 27 educating osteopathic physicians located in a city
27 28 with a population of more than one hundred ninety
27 29 thousand, the Iowa veterans home, and any other
27 30 clinical partner designated for the program.
27 31 Population figures used in this paragraph refer to the
27 32 most recent certified federal census. The clinical
27 33 partners shall provide supervision, clinical
27 34 experience, training, and other support for the
27 35 program and physician assistant students participating
27 36 in the program.

27 37 b. Elderly, youth, and general population clinical
27 38 experiences.

27 39 c. A fellowship of twelve months for three
27 40 physician assistant students, annually.

27 41 d. Supervision of students participating in the
27 42 program provided by the university and the other
27 43 clinical partners participating in the program.

27 44 e. A student participating in the program shall be
27 45 eligible for a stipend of not more than fifty thousand
27 46 dollars for the twelve months of the fellowship plus
27 47 related fringe benefits. In addition, a student who
27 48 completes the program and practices in Iowa in a
27 49 mental health professional shortage area, as defined
27 50 in section 135.80, shall be eligible for up to twenty
28 1 thousand dollars in loan forgiveness. The stipend and
28 2 loan forgiveness provisions shall be determined by the
28 3 department and the college student aid commission, in
28 4 consultation with the clinical partners.

28 5 f. The state and private entity clinical partners
28 6 shall regularly evaluate and document their
28 7 experiences with the approaches utilized and outcomes
28 8 achieved by the program to identify an optimal model
28 9 for operating the program. The evaluation process
28 10 shall include but is not limited to identifying ways
28 11 the program's clinical and training components could
28 12 be modified to facilitate other student and practicing
28 13 physician assistants specializing as mental health
28 14 professionals.

28 15 3. This section is repealed June 30, 2014.

28 16 Sec. 48. Section 261.2, Code 2009, is amended by
28 17 adding the following new subsection:

28 18 NEW SUBSECTION. 10. Administer the health care
28 19 professional incentive payment program established in
28 20 section 261.128 and the nursing workforce shortage

28 21 initiative created in section 261.129. This
28 22 subsection is repealed June 30, 2014.
28 23 Sec. 49. Section 261.23, subsection 1, Code 2009,
28 24 is amended to read as follows:
28 25 1. A registered nurse and nurse educator loan
28 26 forgiveness program is established to be administered
28 27 by the commission. The program shall consist of loan
28 28 forgiveness for eligible federally guaranteed loans
28 29 for registered nurses and nurse educators who practice
28 30 or teach in this state. For purposes of this section,
28 31 unless the context otherwise requires, "nurse
28 32 educator" means a registered nurse who holds a
28 33 master's degree or doctorate degree and is employed as
28 34 a faculty member who teaches nursing as provided in
28 35 655 IAC 2.6(152) at a community college, an accredited
28 36 private institution, or an institution of higher
28 37 education governed by the state board of regents.
28 38 Sec. 50. Section 261.23, subsection 2, paragraph
28 39 c, Code 2009, is amended to read as follows:
28 40 c. Complete and return, on a form approved by the
28 41 commission, an affidavit of practice verifying that
28 42 the applicant is a registered nurse practicing in this
28 43 state or a nurse educator teaching at a community
28 44 college, an accredited private institution, or an
28 45 institution of higher learning governed by the state
28 46 board of regents.
28 47 Sec. 51. NEW SECTION. 261.128 HEALTH CARE
28 48 PROFESSIONAL INCENTIVE PAYMENT PROGRAM == REPEAL.
28 49 1. The commission shall establish a health care
28 50 professional incentive payment program to recruit and
29 1 retain health care professionals in this state.
29 2 Funding for the program may be provided through the
29 3 health care workforce shortage fund or the health care
29 4 professional and nurse workforce shortage account
29 5 created in section 135.175.
29 6 2. The commission shall administer the incentive
29 7 payment program with the assistance of Des Moines
29 8 university == osteopathic medical center.
29 9 3. The commission, with the assistance of Des
29 10 Moines university == osteopathic medical center, shall
29 11 adopt rules pursuant to chapter 17A, relating to the
29 12 establishment and administration of the health care
29 13 professional incentive payment program. The rules
29 14 adopted shall address all of the following:
29 15 a. Eligibility and qualification requirements for
29 16 a health care professional, a community, and a health
29 17 care employer to participate in the incentive payment
29 18 program. Any community in the state and all health
29 19 care specialties shall be considered for
29 20 participation. However, health care employers located
29 21 in and communities that are designated as medically
29 22 underserved areas or populations or that are
29 23 designated as health professional shortage areas by
29 24 the health resources and services administration of
29 25 the United States department of health and human
29 26 services shall have first priority in the awarding of
29 27 incentive payments.
29 28 (1) To be eligible, a health care professional at
29 29 a minimum must not have any unserved obligations to a
29 30 federal, state, or local government or other entity
29 31 that would prevent compliance with obligations under
29 32 the agreement for the incentive payment; must have a
29 33 current and unrestricted license to practice the
29 34 professional's respective profession; and must be able
29 35 to begin full-time clinical practice upon signing an
29 36 agreement for an incentive payment.
29 37 (2) To be eligible, a community must provide a
29 38 clinical setting for full-time practice of a health
29 39 care professional and must provide a fifty thousand
29 40 dollar matching contribution for a physician and a
29 41 fifteen thousand dollar matching contribution for any
29 42 other health care professional to receive an equal
29 43 amount of state matching funds.
29 44 (3) To be eligible, a health care employer must
29 45 provide a clinical setting for a full-time practice of
29 46 a health care professional and must provide a fifty
29 47 thousand dollar matching contribution for a physician
29 48 and a fifteen thousand dollar matching contribution
29 49 for any other health care professional to receive an
29 50 equal amount of state matching funds.
30 1 b. The process for awarding incentive payments.

30 2 The commission shall receive recommendations from the
30 3 department of public health regarding selection of
30 4 incentive payment recipients. The process shall
30 5 require each recipient to enter into an agreement with
30 6 the commission that specifies the obligations of the
30 7 recipient and the commission prior to receiving the
30 8 incentive payment.

30 9 c. Public awareness regarding the program
30 10 including notification of potential health care
30 11 professionals, communities, and health care employers
30 12 about the program and dissemination of applications to
30 13 appropriate entities.

30 14 d. Measures regarding all of the following:

30 15 (1) The amount of the incentive payment and the
30 16 specifics of obligated service for an incentive
30 17 payment recipient. An incentive payment recipient
30 18 shall agree to provide service in full-time clinical
30 19 practice for a minimum of four consecutive years. If
30 20 an incentive payment recipient is sponsored by a
30 21 community or health care employer, the obligated
30 22 service shall be provided in the sponsoring community
30 23 or health care employer location. An incentive
30 24 payment recipient sponsored by a health care employer
30 25 shall agree to provide health care services as
30 26 specified in an employment agreement with the
30 27 sponsoring health care employer.

30 28 (2) Determination of the conditions of the
30 29 incentive payment applicable to an incentive payment
30 30 recipient. At the time of approval for participation
30 31 in the program, an incentive payment recipient shall
30 32 be required to submit proof of indebtedness incurred
30 33 as the result of obtaining loans to pay for
30 34 educational costs resulting in a degree in health
30 35 sciences. For the purposes of this subparagraph,
30 36 "indebtedness" means debt incurred from obtaining a
30 37 government or commercial loan for actual costs paid
30 38 for tuition, reasonable education expenses, and
30 39 reasonable living expenses related to the graduate,
30 40 undergraduate, or associate education of a health care
30 41 professional.

30 42 (3) Enforcement of the state's rights under an
30 43 incentive payment agreement, including the
30 44 commencement of any court action. A recipient who
30 45 fails to fulfill the requirements of the incentive
30 46 payment agreement is subject to repayment of the
30 47 incentive payment in an amount equal to the amount of
30 48 the incentive payment. A recipient who fails to meet
30 49 the requirements of the incentive payment agreement
30 50 may also be subject to repayment of moneys advanced by
31 1 a community or health care employer as provided in any
31 2 agreement with the community or employer.

31 3 (4) A process for monitoring compliance with
31 4 eligibility requirements, obligated service
31 5 provisions, and use of funds by recipients to verify
31 6 eligibility of recipients and to ensure that state,
31 7 federal, and other matching funds are used in
31 8 accordance with program requirements.

31 9 (5) The use of the funds received. Any portion of
31 10 the incentive payment that is attributable to federal
31 11 funds shall be used as required by the federal entity
31 12 providing the funds. Any portion of the incentive
31 13 payment that is attributable to state funds shall
31 14 first be used toward payment of any outstanding loan
31 15 indebtedness of the recipient. The remaining portion
31 16 of the incentive payment shall be used as specified in
31 17 the incentive payment agreement.

31 18 4. A recipient is responsible for reporting on
31 19 federal income tax forms any amount received through
31 20 the program, to the extent required by federal law.
31 21 Incentive payments received through the program by a
31 22 recipient in compliance with the requirements of the
31 23 incentive payment program are exempt from state income
31 24 taxation.

31 25 5. This section is repealed June 30, 2014.
31 26 Sec. 52. NEW SECTION. 261.129 NURSING WORKFORCE
31 27 SHORTAGE INITIATIVE == REPEAL.

31 28 1. NURSE EDUCATOR INCENTIVE PAYMENT PROGRAM.

31 29 a. The commission shall establish a nurse educator
31 30 incentive payment program. Funding for the program
31 31 may be provided through the health care workforce
31 32 shortage fund or the health care professional and

31 33 nurse workforce shortage initiative account created in
31 34 section 135.175. For the purposes of this subsection,
31 35 "nurse educator" means a registered nurse who holds a
31 36 master's degree or doctorate degree and is employed as
31 37 a faculty member who teaches nursing in a nursing
31 38 education program as provided in 655 IAC 2.6 at a
31 39 community college, an accredited private institution,
31 40 or an institution of higher education governed by the
31 41 state board of regents.

31 42 b. The program shall consist of incentive payments
31 43 to recruit and retain nurse educators. The program
31 44 shall provide for incentive payments of up to twenty
31 45 thousand dollars for a nurse educator who remains
31 46 teaching in a qualifying teaching position for a
31 47 period of not less than four consecutive academic
31 48 years.

31 49 c. The nurse educator and the commission shall
31 50 enter into an agreement specifying the obligations of
32 1 the nurse educator and the commission. If the nurse
32 2 educator leaves the qualifying teaching position prior
32 3 to teaching for four consecutive academic years, the
32 4 nurse educator shall be liable to repay the incentive
32 5 payment amount to the state, plus interest as
32 6 specified by rule. However, if the nurse educator
32 7 leaves the qualifying teaching position involuntarily,
32 8 the nurse educator shall be liable to repay only a pro
32 9 rata amount of the incentive payment based on
32 10 incompleated years of service.

32 11 d. The commission, in consultation with the
32 12 department of public health, shall adopt rules
32 13 pursuant to chapter 17A relating to the establishment
32 14 and administration of the nurse educator incentive
32 15 payment program. The rules shall include provisions
32 16 specifying what constitutes a qualifying teaching
32 17 position.

32 18 2. NURSING FACULTY FELLOWSHIP PROGRAM.

32 19 a. The commission shall establish a nursing
32 20 faculty fellowship program to provide funds to nursing
32 21 schools in the state, including but not limited to
32 22 nursing schools located at community colleges, for
32 23 fellowships for individuals employed in qualifying
32 24 positions on the nursing faculty. Funding for the
32 25 program may be provided through the health care
32 26 workforce shortage fund or the health care
32 27 professional and nurse workforce shortage initiative
32 28 account created in section 135.175. The program shall
32 29 be designed to assist nursing schools in filling
32 30 vacancies in qualifying positions throughout the
32 31 state.

32 32 b. The commission, in consultation with the
32 33 department of public health and in cooperation with
32 34 nursing schools throughout the state, shall develop a
32 35 distribution formula which shall provide that no more
32 36 than thirty percent of the available moneys are
32 37 awarded to a single nursing school. Additionally, the
32 38 program shall limit funding for a qualifying position
32 39 in a nursing school to no more than ten thousand
32 40 dollars per year for up to three years.

32 41 c. The commission, in consultation with the
32 42 department of public health, shall adopt rules
32 43 pursuant to chapter 17A to administer the program.
32 44 The rules shall include provisions specifying what
32 45 constitutes a qualifying position at a nursing school.

32 46 d. In determining eligibility for a fellowship,
32 47 the commission shall consider all of the following:

32 48 (1) The length of time a qualifying position has
32 49 gone unfilled at a nursing school.

32 50 (2) Documented recruiting efforts by a nursing
33 1 school.

33 2 (3) The geographic location of a nursing school.

33 3 (4) The type of nursing program offered at the
33 4 nursing school, including associate, bachelor's,
33 5 master's, or doctoral degrees in nursing, and the need
33 6 for the specific nursing program in the state.

33 7 3. REPEAL. This section is repealed June 30,
33 8 2014.

33 9 Sec. 53. HEALTH CARE WORKFORCE INITIATIVES ==
33 10 FEDERAL FUNDING. The department of public health
33 11 shall work with the department of workforce
33 12 development and health care stakeholders to apply for
33 13 federal moneys allocated in the federal American

33 14 Recovery and Reinvestment Act of 2009 for health care
33 15 workforce initiatives that are available through a
33 16 competitive grant process administered by the health
33 17 resources and services administration of the United
33 18 States department of health and human services or the
33 19 United States department of health and human services.
33 20 Any federal moneys received shall be deposited in the
33 21 health care workforce shortage fund created in section
33 22 135.175 as enacted by this division of this Act and
33 23 shall be used for the purposes specified for the fund
33 24 and for the purposes specified in the federal American
33 25 Recovery and Reinvestment Act of 2009.
33 26 Sec. 54. IMPLEMENTATION. This division of this
33 27 Act shall be implemented only to the extent funding is
33 28 available.
33 29 Sec. 55. CODE EDITOR DIRECTIVES. The Code editor
33 30 shall do all of the following:
33 31 1. Create a new division in chapter 135 codifying
33 32 section 135.175, as enacted in this division of this
33 33 Act, as the health care workforce support initiative
33 34 and fund.
33 35 2. Create a new division in chapter 135 codifying
33 36 sections 135.176 and 135.177, as enacted in this
33 37 division of this Act, as health care workforce
33 38 support.
33 39 3. Create a new division in chapter 261 codifying
33 40 section 261.128, as enacted in this division of this
33 41 Act, as the health care professional incentive payment
33 42 program.
33 43 4. Create a new division in chapter 261 codifying
33 44 section 261.129, as enacted in this division of this
33 45 Act, as the nursing workforce shortage initiative.
33 46 DIVISION VI
33 47 GIFTS == REPORTING OF SANCTIONS
33 48 Sec. 56. REPORTING OF SANCTIONS FOR GIFTS. The
33 49 health profession boards established in chapter 147
33 50 shall report to the general assembly by January 15,
34 1 2010, any public information regarding sanctions
34 2 levied against a health care professional for receipt
34 3 of gifts in a manner not in compliance with the
34 4 requirements and limitations of the respective health
34 5 profession as established by the respective board.
34 6 DIVISION VII
34 7 HEALTH CARE TRANSPARENCY
34 8 Sec. 57. NEW SECTION. 135.166 HEALTH CARE DATA
34 9 == COLLECTION FROM HOSPITALS.
34 10 1. The department of public health shall enter
34 11 into a memorandum of understanding to utilize the Iowa
34 12 hospital association to act as the department's
34 13 intermediary in collecting, maintaining, and
34 14 disseminating hospital inpatient, outpatient, and
34 15 ambulatory information, as initially authorized in
34 16 1996 Iowa Acts, chapter 1212, section 5, subsection 1,
34 17 paragraph "a", subparagraph (4) and 641 IAC 177.3.
34 18 2. The memorandum of understanding shall include
34 19 but is not limited to provisions that address the
34 20 duties of the department and the Iowa hospital
34 21 association regarding the collection, reporting,
34 22 disclosure, storage, and confidentiality of the data.>
34 23 #2. Title page, by striking lines 2 and inserting
34 24 the following: <care coverage, providing
34 25 retroactive>.
34 26 #3. Title page, line 3, by inserting after the
34 27 word <dates> the following: <and providing repeals>.
34 28 #4. By renumbering as necessary.
34 29 SF 389.H
34 30 av:pf/cm/25